Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
NATIONAL VETERINARY ASSOCIATES, INC. 401(K) PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1998

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
NATIONAL VETERINARY ASSOCIATES, INC.

29229 CANWOOD STREET SUITE 100
AGOURA HILLS, CA 91301

2b Employer Identification Number (EIN)
95-4578066

2c Sponsor's telephone number
805-777-7802

2d Business code (see instructions)
541940

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2010	SCOTT SHULMAN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/09/2010	SCOTT SHULMAN
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
NATIONAL VETERINARY ASSOCIATES, INC.

29229 CANWOOD STREET SUITE 100
AGOURA HILLS, CA 91301

3b Administrator's EIN
95-4578066

3c Administrator's telephone number
805-777-7802

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	2157
6	Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**).		
a	Active participants	**6a**	1878
b	Retired or separated participants receiving benefits	**6b**	1
c	Other retired or separated participants entitled to future benefits	**6c**	177
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2056
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	2056
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	750
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	29
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2T 3D 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)		**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
NATIONAL VETERINARY ASSOCIATES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL VETERINARY ASSOCIATES, INC.

D Employer Identification Number (EIN)
95-4578066

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

CAPITAL RESEARCH AND MANAGEMENT CO.

95-1411037

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CAPITAL RESEARCH AND MANAGEMENT CO.

95-1411037

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
64 52 60 62 25 49 72 37	RECORDKEEPER	36	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes [ ] No [ ]	Yes [ ] No [ ]		Yes [ ] No [ ]

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	**(c)** Relationship to employer, employee organization, or person known to be a party-in-interest	**(d)** Enter direct compensation paid by the plan. If none, enter -0-.	**(e)** Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	**(f)** Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	**(g)** Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	**(h)** Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

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(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

a Name:	**b** EIN;
c Position:	
d Address:	**e** Telephone:

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
NATIONAL VETERINARY ASSOCIATES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL VETERINARY ASSOCIATES, INC.

D Employer Identification Number (EIN)
95-4578066

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	783859	966294
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	0	0
(5) Partnership/joint venture interests	1c(5)	0	0
(6) Real estate (other than employer real property)	1c(6)	0	0
(7) Loans (other than to participants)	1c(7)	0	0
(8) Participant loans	1c(8)	101565	82281
(9) Value of interest in common/collective trusts	1c(9)	0	0
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	0	0
(12) Value of interest in 103-12 investment entities	1c(12)	0	0
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9063421	13430754
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	0	0

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)	0	0
	(2) Employer real property	1d(2)	0	0
e	Buildings and other property used in plan operation	1e	0	0
f	Total assets (add all amounts in lines 1a through 1e)	1f	9948845	14479329
	Liabilities			
g	Benefit claims payable	1g	0	0
h	Operating payables	1h		
i	Acquisition indebtedness	1i	0	0
j	Other liabilities	1j	0	0
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	9948845	14479329

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	0	
	(B) Participants	2a(1)(B)	2416321	
	(C) Others (including rollovers)	2a(1)(C)	210157	
	(2) Noncash contributions	2a(2)	0	
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2626478
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
	(B) U.S. Government securities	2b(1)(B)	0	
	(C) Corporate debt instruments	2b(1)(C)	0	
	(D) Loans (other than to participants)	2b(1)(D)	0	
	(E) Participant loans	2b(1)(E)	5611	
	(F) Other	2b(1)(F)	0	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5611
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
	(B) Common stock	2b(2)(B)	0	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	188010	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		188010
	(3) Rents	2b(3)		0
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	0	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
	(B) Other	2b(5)(B)	0	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2841442
c	Other income	2c		1790
d	Total income. Add all **income** amounts in column (b) and enter total	2d		5663331
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1113511	
	(2) To insurance carriers for the provision of benefits	2e(2)	0	
	(3) Other	2e(3)	0	
	(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		1113511
f	Corrective distributions (see instructions)	2f		8735
g	Certain deemed distributions of participant loans (see instructions)	2g		10565
h	Interest expense	2h		0
i	Administrative expenses: **(1)** Professional fees	2i(1)	0	
	(2) Contract administrator fees	2i(2)	36	
	(3) Investment advisory and management fees	2i(3)	0	
	(4) Other	2i(4)	0	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		36
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1132847
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		4530484
l	Transfers of assets:			
	(1) To this plan	2l(1)		0
	(2) From this plan	2l(2)		0

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GGF, LLP **(2)** EIN: 20-8097596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) [ ] This form is filed for a CCT, PSA, or MTIA. **(2)** [ ] It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		5000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year ☐ **Yes** ☒ **No** **Amount:**

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
NATIONAL VETERINARY ASSOCIATES, INC. 401(K) PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
NATIONAL VETERINARY ASSOCIATES, INC.

D Employer Identification Number (EIN)
95-4578066

Part I Distributions

All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 20-3691658

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

d Date collective bargaining agreement expires *(If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.)* Month _____ Day _____ Year _____

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

14 Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	**14a**	
b The plan year immediately preceding the current plan year	**14b**	
c The second preceding plan year	**14c**	

15 Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	**15a**	
b The corresponding number for the second preceding plan year	**15b**	

16 Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	**16a**	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	**16b**	

17 If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

18 If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

19 If the total number of participants is 1,000 or more, complete items (a) through (c)

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

NATIONAL VETERINARY ASSOCIATES, INC.
401(K) PLAN
FINANCIAL STATEMENTS
AS OF DECEMBER 31, 2009 and 2008
TOGETHER WITH
INDEPENDENT AUDITOR'S REPORT

NATIONAL VETERINARY ASSOCIATES, INC.
401(K) PLAN

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Gilderman, Garabedian and Flummerfelt
Certified Public Accountants

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Encino, California 91436

INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of the
National Veterinary Associates, Inc. 401(k) Plan:

We were engaged to audit the financial statements and the supplemental schedule of the National Veterinary Associates, Inc. 401(k) Plan as of December 31, 2009 and 2008, and for the year ended December 31, 2009, as listed in the accompanying index. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes 6 and 7, which was certified by Capital Bank and Trust Company, the Trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan Administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The Plan Administrator has obtained a certification from the Trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan Administrator by the Trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2009 and 2008 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

GGF, LLP

Encino, California
July 20, 2010

NATIONAL VETERINARY ASSOCIATES, INC.
401(K) PLAN

Statements of Net Assets Available
for Plan Benefits as of
December 31, 2009 and 2008

	2009	2008
ASSETS:		
Cash and cash equivalents	$ 966,294	$ 783,859
Registered investment companies, at market value	13,430,754	9,063,421
Participant loans	82,281	96,226
	14,479,329	9,943,506
LIABILITIES:		
Excess contributions payable	(41,319)	(12,170)
Net assets available for plan benefits	$14,438,010	$ 9,931,336

The accompanying notes to these financial statements are an integral part of these financial statements.

NATIONAL VETERINARY ASSOCIATES, INC.
401(K) PLAN

Statement of Changes in Net Assets
Available for Plan Benefits
for Plan Year Ended
December 31, 2009

INCREASED BY:	
Participant cash contributions	$ 2,416,321
Participant rollover contributions	210,157
Interest and dividend income	198,846
Realized and unrealized gain	2,841,442
	5,666,766
DECREASED BY:	
Distributions to participants	(1,118,737)
Excess contributions	(41,319)
Administrative expense	(36)
	(1,160,092)
NET INCREASE IN PLAN ASSETS AVAILABLE FOR PLAN BENEFITS	4,506,674
NET ASSETS AVAILABLE FOR PLAN BENEFITS, BEGINNING OF YEAR	9,931,336
NET ASSETS AVAILABLE FOR PLAN BENEFITS, END OF YEAR	$ 14,438,010

The accompanying notes to this financial statement are an integral part of this financial statement.

NATIONAL VETERINARY ASSOCIATES, INC.
401(K) PLAN

Notes to Financial Statements
December 31, 2009

1. Description of Plan

The following description of the National Veterinary Associates, Inc. 401(k) Plan (the "Plan") is provided for general information purposes only. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

(A) General

On January 1, 1998 National Veterinary Associates, Inc. (the "Company", or "NVA" or "Plan Sponsor") established a defined contribution pension plan named National Veterinary Associates, Inc. 401(k) Plan ("the Plan"). The Plan provides eligible employees with a means of deferring compensation benefits.

NVA is the primary employer and plan administrator and has sponsored certain NVA personnel as plan trustees. Capital Bank and Trust Company ("Capital Bank" or "Trustee") is the Trustee of the Plan and American Funds is the Plan's record-keeper and the third-party-administrator ("American Funds" or "TPA").

Each of the employers controlled by or affiliated with NVA, as listed below, is an adopting employer that participates in the Plan as of December 31, 2009:

Name	Fiscal year end	Date of adoption
Animal Hospital of Worthington	December 31	October 1, 2000
Veterinarian, Inc	December 31	October 1, 2000
Tracy Veterinary Practice (Associated)	December 31	October 1, 2000
Discovery Bay Veterinary Clinic (Associated)	December 31	October 1, 2000
Apollo Animal Hospital (Apollo)	December 31	October 1, 2000
Arrowhead Plaza Animal Hospital (Apollo)	December 31	October 1, 2000
Central Valley Veterinary Hospital (CV)	December 31	October 1, 2000
East Valley Veterinary Clinic (CV)	December 31	October 1, 2000
Southeast Valley Vet. Hospital (CV)	December 31	October 1, 2000
West Valley Veterinary Clinic (CV)	December 31	October 1, 2000
All About Pets Animal Hospital (CV)	December 31	October 1, 2000
East State Veterinary Clinic	December 31	October 1, 2000
Merrimack Veterinary Hospital	December 31	October 1, 2000
Baboosic Veterinary Associates	December 31	October 1, 2000
Moulton Animal Hospital	December 31	October 1, 2000
Owl Creek Veterinary Hospital	December 31	October 1, 2000
Quartz Mountain Animal Hospital (Quartz)	December 31	October 1, 2000

1. Description of Plan (continued)

Name	Fiscal year end	Date of adoption
Pima North Animal Hospital (Quartz)	December 31	October 1, 2000
St. Joe Center Veterinary Hospital	December 31	October 1, 2000
West Hills Animal Hospital	December 31	October 1, 2000
Mt. Diablo Veterinary Medical Center	December 31	October 1, 2000
Animal Medical Clinic-Wheaton	December 31	October 1, 2000
Illinois Veterinary Associates	December 31	October 1, 2000
Veterinary Specialists Associates	December 31	October 1, 2000
Westside Animal Hospital	December 31	October 1, 2000
Antioch Animal Hospital	December 31	October 1, 2000
Roach Veterinary Hospital (Vet Hosp of Iowa)	December 31	October 1, 2000
Camelwest Animal Hospital (Camelback)	December 31	October 1, 2000
Stafford Veterinary Hospital	December 31	October 1, 2000
New Jersey Veterinary Services	December 31	October 1, 2000
Kaibab Animal Hospital	December 31	October 1, 2000
Catalina Pet Hospital	December 31	October 1, 2000
Midland Veterinary Services	December 31	October 1, 2000
Midland Animal Clinic	December 31	October 1, 2000
PetCentre Animal Hospital	December 31	October 1, 2000
Animal Medical Hospital-State College	December 31	October 1, 2000
Casa Grande Animal Hospital	December 31	October 1, 2000
All City Pet Care South (Sioux Falls)	December 31	October 1, 2000
All City Pet Care East (Sioux Falls)	December 31	October 1, 2000
All City Pet Care West (Sioux Falls)	December 31	October 1, 2000
Table Mountain Vet. Clinic (Golden Colorado)	December 31	October 1, 2000
All City Pet Care South ER (Sioux Falls)	December 31	October 1, 2000
Sea Island Animal Hospital (Beaufort)	December 31	October 1, 2000
Animal Health Center-Madison/NW Rankin	December 31	October 1, 2000
Countryside Animal Clinic (Sterling)	December 31	October 1, 2000
Novak Animal Care (Lake Havasu)	December 31	October 1, 2000
Manzano Animal Clinic (Albuquerque)	December 31	October 1, 2000
Best Friends Animal Hospital (Chambersburg)	December 31	October 1, 2000
Johnson Mckee Animal Hospital	December 31	October 1, 2000
Countryside Animal Hospital (Tempe)	December 31	October 1, 2000

1. Description of Plan (continued)

Name	Fiscal year end	Date of adoption
Sahuara Vista Veterinary Clinic (Tucson)	December 31	October 1, 2000
Rockdale Animal Hospital (Conyers)	December 31	October 1, 2000
Princess Anne Veterinary Hospital	December 31	October 1, 2000
Island Animal Hospital	December 31	October 1, 2000
North 23rd St. (McAllen)	December 31	October 1, 2000
Rio Grande Veterinary Services, P.C.	December 31	October 1, 2000
Alta Mesa Animal Hospital (Arizona Veterinary Hospital)	December 31	October 1, 2000
Riverview Animal Hospital (Durango)	December 31	October 1, 2000
Countryside Animal Hospital of Hot Springs	December 31	October 1, 2000
Dent Burks, P.A.	December 31	October 1, 2000
Honegger Animal Hospital (Ossian)	December 31	October 1, 2000
Veterinary Services of Washington	December 31	October 1, 2000
Sacajawea Health Care for Pets	December 31	October 1, 2000
Nevada Veterinary Management (Sunset)	December 31	January 1, 2004
Redrock Management Co. (Great Oaks)	December 31	January 1, 2004
Great Austin Veterinary Services, P.C.	December 31	January 1, 2004
Sioux Valley Veterinary Clinic	December 31	July 1, 2004
Verde Veterinary Hospital	December 31	July 1, 2004
All Pet Complex	December 31	July 1, 2004
J.C. Enterprises, P.C.	December 31	July 1, 2004
East Maryland Animal Hospital	December 31	July 1, 2004
Alta Animal Hospital	December 31	July 1, 2004
K2LZ, P.L.L.C.	December 31	July 1, 2004
Leigh Gary Gass, P.C.	December 31	January 1, 2005
Southern Illinois Veterinary Management (Northgate)	December 31	January 1, 2005
Lake Street Animal Hospital	December 31	January 1, 2005
Cypress Veterinary Management, Inc. (Longwood)	December 31	January 14, 2005
Debra Jackson, DVM, P.C.	December 31	January 14, 2005
Niles Veterinary Management, Inc. (Niles)	December 31	May 26, 2005
Veterinary Services of the Peninsula, Inc. (AMCC-Yorktown)	December 31	May 18, 2005
Tonowanda, Inc. (Brighton-Eggert)	December 31	May 31, 2005
Palm Glen, Inc. (Palm Glen)	December 31	May 31, 2005
Fork Union, Inc. (Fork Union)	December 31	June 30, 2005
Danville Veterinary Management, Inc. (Vermillion, Stateline, Danville)	December 31	August 20, 2005
Illinois Veterinary Services, P.C.	December 31	August 20, 2005

1. **Description of Plan (continued)**

Name	Fiscal year end	Date of adoption
Dover Veterinary Management, Inc. (Oak Point)	December 31	September 30, 2005
Idaho Veterinary Management, Inc. (Hendricks)	December 31	October 31, 2005
St. Francis Veterinary Management, Inc. (St. Francis)	December 31	November 30, 2005
Gilbert Veterinary Services, Inc. (Islands)	December 31	January 18, 2006
Wayne Veterinary Management, Inc. (St. George Hunt)	December 31	January, 23, 2006
Hanover Veterinary Management, Inc. (Hanover)	December 31	February1, 2006
Owensboro Veterinary Clinic (Kentuckiana)	December 31	February 9, 2006
Arizona Veterinary Services, Inc. (Ironwood)	December 31	Mary 16, 2006
Western Phoenix Veterinary Management, Inc. (Sun City)	December 31	June 23, 2006
Sequim Veterinary Management, Inc. (Greywolf)	December 31	December 15, 2006
Eastern Shore Management, Inc. (Eastern Shore)	December 31	December 23, 2006
Cedarwood Veterinary Management, Inc.	December 31	January 3, 2007
Grand Rapids Veterinary Management, Inc.	December 31	January 9, 2007
Vienna Veterinary Management, Inc.	December 31	January 22, 2007
Andover Veterinary Management, Inc.	December 31	March 31, 2007
Chambers Creek Veterinary Management, Inc	December 31	April 1, 2007
Appalachian Veterinary Management, Inc.	December 31	April 6, 2007
Helmwood Veterinary Management, Inc.	December 31	April 7, 2007
Rochester Veterinary Management, Inc.	December 31	September 1, 2007
East Brook Veterinary Management, Inc.	December 31	October 4, 2007
All Creatures Veterinary Services, Inc.	December 31	October 12, 2007
Pawling Veterinary Management, Inc.	December 31	January 1, 2008
Cape Fear Veterinary Management, Inc.	December 31	January 1, 2008
Friendswood Animal Clinic, Inc.	December 31	July 1, 2008
Towne North Veterinary Management, Inc.	December 31	July 1, 2008
West Lawn Veterinary Management, Inc.	December 31	July 1, 2008
Kalamazoo Management, Inc.	December 31	July 1, 2008
O'Connor Road Veterinary Management, Inc.	December 31	July 1, 2008
St. Paul Veterinary Management, Inc.	December 31	July 1, 2008
Macedon Veterinary Management, Inc.	December 31	July 1, 2008
North Channel Veterinary Management, Inc.	December 31	July 1, 2008

1. **Description of Plan (continued)**

Name	Fiscal year end	Date of adoption
Plainfield Veterinary Management, Inc. (Crest Hills)	December 31	January 1, 2009
Plainfield Veterinary Management, Inc. (Caton Crossing)	December 31	January 1, 2009
Plainfield Veterinary Management, Inc. (Minooka)	December 31	January 1, 2009
Flying Cloud Veterinary Management, Inc.	December 31	January 2, 2009
North Creek Veterinary Management, Inc.	December 31	June 11, 2009
Thiensville Veterinary Management, Inc.	December 31	June 29, 2009
Albuquerque Veterinary Management Inc.	December 31	July 1, 2009
Oley Valley Veterinary Management Inc.	December 31	September 1, 2009
San Antonio Veterinary Management Inc.	December 31	September 30, 2009
Westover Veterinary Management Inc.	December 31	October 30, 2009
Bush Veterinary Management Inc.	December 31	December 4, 2009
Bettendorf Veterinary Management Inc. (AK Animal Hospital)	December 31	December 31, 2009
Bettendorf Veterinary Management Inc. (AK Village)	December 31	December 31, 2009
Bettendorf Veterinary Management Inc. (AK Care Center)	December 31	December 31, 2009
Santa Clara Veterinary Management Inc.	December 31	December 31, 2009

(B) Eligibility and Participation

Participation in the Plan is voluntary. All employees, except leased or covered by a collective bargaining agreement, who are 21 years of age, are eligible to participate on January 1 or July 1 immediately following their employment date.

(C) Contributions

Each year, participants may contribute up to 100% of their pre-tax annual compensation, as defined by the Plan. Section 401(k) of the Internal Revenue Code (the "Code") and the Plan limit the amount certain highly compensated individuals may contribute, based on amounts contributed by lower compensated individuals. All participants were limited to a maximum contribution of $16,500 and $15,500 in 2009 and 2008, respectively by Section 402(g) of the Code.

1. **Description of Plan (continued)**

(C) Contributions (continued)

In addition, individuals age 50 or over by the end of the plan year are allowed to make additional contributions, in excess of the standard limits, of up to $5,500 and $5,000 in 2009 and 2008, respectively. If any participant's elective deferrals for the year exceed the maximum allowable for that year, the excess amount will be returned to the Company and then paid to the participant as taxable compensation.

The adopting employers may make matching contributions each year, subject to the provisions of the Plan. The adopting employers may also make profit sharing contributions each year, subject to the provisions of the Plan. There were no matching contributions and profit sharing contributions for the Plan years ended December 31, 2009 and 2008.

As authorized by the Plan Sponsor, in October 2008, the Company paid $9 contribution to the Plan in lieu of the excise tax imposed as a result of the Plan's 2007 nonexempt prohibited transactions. These employer contributions are allocated proportionally among Plan participants based on each participant's account value in the total Plan assets.

(D) Rollovers

With the consent of the plan administrator, participants are permitted to deposit distributions received from other qualified plans ("rollovers") without incurring federal or state income taxes and penalties.

(E) Excess Contributions Payable

Excess contributions payable represents excess elective deferrals made by participants during the plan year calculated through the 401 (k) non-discrimination test performed by the TPA.

Excess contributions payable of $41,319 for Plan year ended December 31, 2009 and $12,170 for December 31, 2008 were refunded to the participants by March 15, 2010 and 2009, respectively.

1. **Description of Plan (continued)**

(F) Participant Accounts and Investment Options

Upon enrollment in the Plan, a participant may direct contributions in any of the twenty-six investment options offered by the Plan.

Separate accounts are established and maintained for each participant, whereby the participant self-directs their investments.

Participants elect how to allocate their contributions among the funds and can change their allocations at any time. The fund values are stated at quoted market prices. The Trustee, TPA and the plan administrator make available to the Plan participants a prospectus for each fund that explains in detail the investment objectives and policies. Investments in these funds are not guaranteed as to income or principal.

Each participant's account is credited with the participant's elective salary deferrals, and Company matching and profit sharing contributions, if any. The allocation of profit sharing contributions is based on the proportion of the participant's total compensation to the total compensation paid to all participants.

Investment earnings, including interest income and realized and unrealized gains and losses, are allocated to each participant's account in relation to the investment performance of each fund and the proportion of the participant's account balance to the total balance in each fund on a daily basis. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(G) Vesting

Participants are immediately 100% vested in their elective salary deferrals, rollovers, and any related investment earnings, gains and losses. Participants become fully vested in the Company matching and profit sharing contributions and all related investment earnings, gains and losses upon reaching normal retirement age or in the event of death or total and permanent disability, while employed by the Company. Otherwise, participants vest according to the following schedules:

1. **Description of Plan (continued)**

(G) Vesting (continued)

Matching contributions:

Years of Participation	Vesting Percentage
Less than 2	0%
2	20%
3	40%
4	60%
5	80%
6	100%

Profit sharing contributions:

Years of Participation	Vesting Percentage
Less than 3	0%
3	20%
4	40%
5	60%
6	80%
7	100%

(H) Participant Loans

Participants may borrow from their accounts a minimum of $1,000, up to a maximum of $50,000 or one half of their vested account balance, whichever is less. Loan repayment terms, including interest rates, are set by the Company, but do not extend beyond normal retirement age. The loans are collateralized by the remaining balance in the participants' vested account and bear interest at a rate competitive with that offered by financial institutions for similar loans. Principal and interest are paid ratably through payroll deductions. Loans become due and payable in full in the event of the participant's termination of employment, death, disability, or retirement, as defined by the Plan.

1. Description of Plan (continued)

(I) Forfeitures

Forfeitures are used to reduce future matching contributions in accordance with the Plan. There were no forfeitures for the plan years ended December 31, 2009 and 2008.

(J) Benefit Payments and Withdrawals

Upon termination of service due to death, disability or retirement, vested benefits due to the participants or their beneficiaries will be distributed in accordance with the Plan. The Plan does not permit hardship withdrawals. Benefits are recorded when paid.

As of December 31, 2009 and 2008 the Plan had no accrued benefits payable.

(K) Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to terminate the Plan at any time, subject to the provisions of ERISA. In the event of the Plan's termination, all participants will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

(A) Basis of Accounting

The Plan's financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(B) Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

2. **Summary of Significant Accounting Policies (continued)**

(C) Investment Valuation and Income Recognition

Investments are stated at fair market value, using quoted market prices for the variable funds and contract values for the guaranteed funds. Contract value approximates fair market value. Participant loans are stated at cost, which approximates fair market value. Purchases and sales are recorded on a trade-date basis. Interest income is recorded on an accrual basis. Dividends are recorded on the ex-dividend date. Participants have investment discretion over all contributions made on their behalf.

(D) Risks and Uncertainties

The Plan provides for various investment options using a combination of mutual funds and other investment securities. Investment securities are exposed to various risks, such as variable interest rates and market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the Statements of Net Assets Available for Benefits.

(E) Subsequent Events

Subsequent events are events or transactions that occur after the balance sheet date but before financial statement are issued. The Plan recognizes in the financial statements the effect of all subsequent events that provide additional evidence about conditions that existed at the date of the balance sheet, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the balance sheet but arose after the balance sheet date and before financial statements are available to be issued.

The Company had evaluated subsequent events through July 20, 2010 which is the date the financial statements are available to be issued.

3. New Accounting Pronouncements

FASB Codification - On July 1, 2009, the Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) became the single authoritative source for nongovernmental U.S. generally accepted accounting principles (GAAP). The ASC supersedes all previous authoritative GAAP applicable to the Plan and is effective for interim and annual periods ended after September 15, 2009.

4. Fair Value Measurements

The Plan has classified its investments based on an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three Levels of the fair value hierarchy for financial assets and financial liabilities are described below:

Basis of Fair Value Measurement

Level 1	Values are based on unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities. An active market is a market in which transactions for the asset or liability occur with sufficient frequency and volume to provide pricing information on an ongoing basis.
Level 2	Values are based on (a) quoted prices for similar assets or liabilities in active markets; (b) quoted prices for identical or similar assets or liabilities in non-active markets; or (c) valuation models whose inputs are observable, directly or indirectly, for substantially the full term of the asset or liability.
Level 3	Values are based on prices or valuation techniques that require inputs that are both unobservable and significant to the overall fair value measurement. These inputs may reflect the Plan's estimates of the assumptions that market participants would use in valuing the financial asset or financial liability.

4. Fair Value Measurements (continued)

Fair value is a market-based measure, considered from the perspective of a market participant who owns an asset or owes a liability. Accordingly, when market observable data is not readily available, assumptions are set to reflect those that market participants would be presumed to use in pricing the asset or liability at the measurement date. Prices and inputs are used that are current as of the measurement date, including during periods of market disruption. In periods of market disruption, the ability to observe prices and inputs may be reduced for many instruments. This condition could cause an instrument to be reclassified from Level 1 to Level 2, or from, Level 2 to Level 3.

The following tables set forth by level within the fair value hierarchy the investment assets and investment liabilities of the Plan at fair value, and a summary of changes in the fair value of the Plan's level 3 assets as of December 31, 2009 and 2008. Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

	Assets at Fair Value as of December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 966,294	$ -	$ -	$ 966,294
Registered investment companies	13,430,754	-	-	13,430,754
Participant loans	-	-	82,281	82,281
	$14,397,048	$ -	$ 82,281	$ 14,479,329

	Assets at Fair Value as of December 31, 2008			
	Level 1	**Level 2**	**Level 3**	**Total**
Cash and cash equivalents	$ 783,859	$ -	$ -	$ 783,859
Registered investment Companies	9,063,421	-	-	9,063,421
Participant loans	-	-	96,226	96,226
	$ 9,847,280	$ -	$ 96,226	$ 9,943,506

4. Fair Value Measurements (continued)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2009 and 2008.

	Level 3 Assets Year Ended December 31, 2009 Participant Loans	Level 3 Assets Year Ended December 31, 2008 Participant Loans
Balance, beginning of year	$ 96,226	$ 92,704
Purchases, sales, issuances and settlements (net)	(13,945)	3,522
Balance, end of year	$ 82,281	$ 96,226

5. Administrative Fees

The Plan Sponsor paid administrative expenses of recordkeeping and certain other expenses for the Plan, such as audit and legal fees.

6. Financial Information Certified by the Custodian

For 2009 and 2008, the financial information included in the Plan's financial statements, except for excess contributions payable, has been derived from information certified as complete and accurate by Capital Bank and Trust Company in accordance with Section 2520.103-5 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA.

7. Investments

The following presents investments that represent 5% or more of the Plan's net assets available for benefits as of December 31, 2009 and 2008:

7. **Investments (continued)**

	2009	2008
Registered investment companies:		
American Funds AMCAP Fund	$ 1,508,579	$ 978,345
American Funds Euro Pacific Growth Fund	1,459,862	919,117
American Funds New Economy Fund	1,267,298	823,086
AIM Global Health Care Fund	977,068	666,223
Alliance Bernstein Global Thematic Growth Fund	1,012,130	617,160
American Funds Capital World Growth and Income Fund	1,212,970	921,946
American Funds Washington Mutual Fund	1,355,560	1,053,504
American Funds American Balanced Fund	1,281,935	1,055,395
American Funds Money Market Fund	966,294	783,859

8. **Income Tax Status**

The Plan is qualified under applicable provisions of the Internal Revenue Code and is not subject to federal and state income taxes. Participants are not subject to federal and state income taxes on their elective deferrals, matching contributions or profit sharing contributions, or on income accruing to their accounts, until they receive distributions from the Plan.

The Plan is a prototype 401(k) Salary Reduction plan as designed by American Funds. The prototype Plan obtained an opinion letter on September 28, 2002, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Trustee, TPA and the Plan Administrator believe that the Plan as currently designed and being operated is in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements. The Trustee, TPA and the Plan Administrator intend to amend the Plan on a timely basis to comply with all applicable recently adopted tax laws and regulations.

9. Party-In-Interest Transactions

The records of the Plan indicate no parties-in-interest transactions for the plan years ended December 31, 2009 and 2008, which are prohibited by ERISA Sections 406 and 407, and for which no statutory or administrative exemption exists.

10. Related Party Transactions

Certain Plan investments are shares of mutual funds managed by American Funds. American Funds is the TPA of the Plan and, therefore, these transactions qualify as related party transactions.

11. Reconciliation of Financial Statements to Form 5500

Beginning of Year Plan Assets

Beginning of year Plan assets pursuant to the financial statements	$ 9,931,336
Add: Excess contributions payable as of December 31, 2008	12,170
Add: Distribution of default participant loans as of December 31, 2008	5,339
Beginning of year Plan assets pursuant to the Form 5500	$ 9,948,845

End of Year Plan Assets

End of year Plan assets pursuant to the financial statements	$ 14,438,010
Add: Excess contributions payable as of December 31, 2009	41,319
End of year Plan assets pursuant to the Form 5500	$ 14,479,329

11. Reconciliation of Financial Statements to Form 5500 (continued)

Net Decrease in Plan Assets Available for Plan Benefits

Net increase in Plan assets available for Plan benefits pursuant to the financial statements	$ 4,506,674
Add: Excess contributions payable as of December 31, 2009	41,319
Less: Excess contributions payable as of December 31, 2008	(12,170)
Less: Distribution of default participant loans as of December 31, 2008	(5,339)
Net decrease in Plan assets available for Plan benefits pursuant to the Form 5500	$ 4,530,484

NATIONAL VETERINARY ASSOCIATES, INC.
401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER 95-4578066
PLAN NUMBER 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
Schedule H Part IV, 4i
DECEMBER 31, 2009

Part I - Assets Held for Investment

(a) Party in interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	American Funds	American Funds AMCAP Fund	$1,580,402	$ 1,508,579
*	American Funds	American Funds Euro Pacific Growth Fund	1,447,719	1,459,862
*	American Funds	American Funds New Economy Fund	1,203,057	1,267,298
	AIM Advisors	AIM Global Health Care Fund	1,018,702	977,068
	Alliance Bernstein Investment Management	Alliance Bernstein Global Thematic Growth Fund	593,637	1,012,130
	Federated Funds	Federated Kaufmann Small Cap Fund A	438,597	439,269
	Allianz	Allianz NFJ Renaissance Fund A	462,671	364,766
*	American Funds	American Funds Capital World Growth and Income Fund	1,279,146	1,212,970
*	American Funds	American Funds Washington Mutual Fund	1,586,456	1,355,560
*	American Funds	American Funds Income Fund of America	501,751	456,193
*	American Funds	American Funds American Balanced Fund	1,349,722	1,281,935
*	American Funds	American Funds Bond Fund of America	571,589	533,895
*	American Funds	American Funds High Income Trust	271,656	268,065
	PIMCO Funds	PIMCO Low Duration Fund A	562,756	579,370
*	American Funds	American Funds Money Market Fund	964,294	966,294
*	American Funds	American Funds 2010 Target Date Fund	20,984	21,648

NATIONAL VETERINARY ASSOCIATES, INC.
401(K) PLAN

EMPLOYER IDENTIFICATION NUMBER 95-4578066
PLAN NUMBER 001
SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES
Schedule H Part IV, 4i
DECEMBER 31, 2009

Part I - Assets Held for Investment (continued)

(a) Party in interest	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	American Funds	American Funds 2015 Target Date Fund	$ 158,623	$ 159,925
*	American Funds	American Funds 2020 Target Date Fund	72,108	77,052
*	American Funds	American Funds 2025 Target Date Fund	23,732	25,758
*	American Funds	American Funds 2030 Target Date Fund	45,327	54,376
*	American Funds	American Funds 2035 Target Date Fund	88,088	94,991
*	American Funds	American Funds 2040 Target Date Fund	117,987	132,853
*	American Funds	American Funds 2045 Target Date Fund	40,561	46,693
*	American Funds	American Funds 2050 Target Date Fund	100,680	100,498
*	Participants Loans	Participant loans secured by underlying vested interest. Maturity dates range within a five-year period with interest rates at prevailing commercial rates of 4.25% to 9.25%	-0-	82,281

ASSETS HELD FOR INVESTMENT PURPOSES

National Veterinary Associates, Inc. 401(k) Plan
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE
1RAFBX			1,580,402.07	1,508,579.09
1RERBX			1,447,718.85	1,459,861.88
1RNGBX			1,203,056.91	1,267,297.51
1GGHCX			1,018,701.75	977,068.39
1ALTFX			593,637.36	1,012,129.74
1PQNAX			462,670.58	364,766.09
1FKASX			438,597.23	439,268.64
1RWIBX			1,279,145.47	1,212,970.31
1RWMBX			1,586,455.86	1,355,559.97
1RIDBX			501,751.42	456,192.96
1RLBBX			1,349,721.52	1,281,935.16
1RBFBX			571,589.15	533,894.96
1RITBX			271,655.63	268,065.13
1PTLAX			562,756.37	579,370.17
1RABXX			964,322.90	964,322.90
1RBATX			20,984.11	21,648.03
1RBJTX			158,623.21	159,924.55
1RBCTX			72,107.64	77,052.57
1RBDTX			23,732.06	25,757.99
1RBETX			45,326.49	54,375.88
1RBFTX			88,087.83	94,990.89
1RBKTX			117,986.83	132,852.70
1RBHTX			40,560.54	46,693.20
1RBITX			100,680.18	100,497.92
			14,500,271.96	**14,395,076.63**
PARTICIPANT LOANS	VARIOUS	4.250-10.000	82,272.11	82,281.49
FORFEITURES			1,971.07	1,971.07

Attachment to Form 5500, Schedule H, Part 4, Item I
EIN # 954578066

ASSETS HELD FOR INVESTMENT PURPOSES

National Veterinary Associates, Inc. 401(k) Plan
01-JAN-09 to 31-DEC-09

INVESTMENT OPTION	MATURITY DATE	INTEREST RATE	COST OF ASSETS	CURRENT VALUE

LEGEND

INVESTMENT OPTION:

1RAFBX	American Funds AMCAP Fund R2	1RERBX	American Funds EuroPacific Growth Fd R2
1RNGBX	American Funds New Economy Fund R2	1GGHCX	AIM Global Health Care Fund - A
1ALTFX	AllianceBernstein Global Thematic Grth A	1PQNAX	Allianz NFJ Renaissance Fund - A
1FKASX	Federated Kaufmann Small Cap Fund A	1RWIBX	American Funds Capital World Gr & Inc R2
1RWMBX	American Funds Washington Mutual Fund R2	1RIDBX	American Funds Income Fund of America R2
1RLBBX	American Funds American Balanced Fund R2	1RBFBX	American Funds Bond Fund of America R2
1RITBX	American Funds High Income Trust R2	1PTLAX	PIMCO Low Duration Fund - A
1RABXX	American Funds Money Market Fund R2	1RBATX	American Funds 2010 Target Date Fund R2
1RBJTX	American Funds 2015 Target Date Fund R2	1RBCTX	American Funds 2020 Target Date Fund R2
1RBDTX	American Funds 2025 Target Date Fund R2	1RBETX	American Funds 2030 Target Date Fund R2
1RBFTX	American Funds 2035 Target Date Fund R2	1RBKTX	American Funds 2040 Target Date Fund R2
1RBHTX	American Funds 2045 Target Date Fund R2	1RBITX	American Funds 2050 Target Date Fund R2

COST OF ASSETS: The original cost of the assets in each investment option as of the last day of the plan year
CURRENT VALUE: The value of all assets in each investment option as of the last day of the plan year